

Docket No.: _____

**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC § 371(c)(4) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled:

AGENT FOR TREATING RESPIRATORY DISEASES CONTAINING
4-HYDROXYPIPERIDINE DERIVATIVE AS ACTIVE INGREDIENT

described and claimed in international application number PCT/JP2003/015005 filed on November 25, 2003.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assigns within one year prior to my international application are hereby claimed:

Japanese Patent Application No. 2002-341251 filed on November 25, 2002

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg.No.27,075; William P. Berridge, Reg.No.30,024;
Kirk M. Hudson, Reg.No.27,562; Thomas J. Pardini, Reg.No.30,411;
Edward P. Walker, Reg.No.31,450; Robert A. Miller, Reg.No.32,771;
Mario A. Costantino, Reg.No.33,565; and Stephen J. Roe, Reg.No.34,463

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ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA, 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 Typewritten Full Name of Sole or First Inventor	<u>Yasushige</u>	<u>AKADA</u>
	Given Name	Family Name
2 Inventor's Signature	<u>Yasushige</u>	<u>AKADA</u>
3 Date of Signature	<u>May</u>	<u>18</u>
	Month	Day
Residence	<u>Shinjuku-ku</u>	<u>2005</u>
	City	Year
Citizenship	<u>Japanese</u>	<u>Japan</u>
	State of Province	Country
Post Office Address	<u>c/o Mochida Pharmaceutical Co., Ltd., 7, Yotsuya 1-chome, Shinjuku-ku,</u>	
(Insert complete mailing address, including country)	<u>Tokyo 160-8515, Japan</u>	

*Note to Inventor: Please sign name on line 2 exactly as it appears line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

1 *Typewritten Full Name
of Joint Inventor:*

Kazuyuki
Given Name

Middle Initial

MATSUURA
Family Name

2 *Inventor's Signature:*

Kazuyuki

Matsuura

3 *Date of Signature:*

May

18

2005

Residence: Shinjuku-ku

Month

Day

Year

City

State or Province JPX

Country Japan

Citizenship: Japanese

Post Office Address:

(Insert complete mailing
address, including country)

c/o MOCHIDA PHARMACEUTICAL CO., LTD.,

7, Yotsuya 1-chome, Shinjuku-ku, Tokyo 160-8515 Japan

1 *Typewritten Full Name
of Joint Inventor:*

Given Name

Middle Initial

Family Name

2 *Inventor's Signature:*

3 *Date of Signature:*

Month

Day

Year

Residence:

City

State or Province

Country

Citizenship:

Post Office Address:

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address, including country)

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of Joint Inventor:*

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Middle Initial

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(Insert complete mailing
address, including country)

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This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.